

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	ADDED		ADDED BY AMENDMENT		ADDED AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	21	↓	↓	↓	↓	↓
TOTAL CLAIMS	22	██████████	██████████	██████████	██████████	██████████

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.		↓	↓	↓	↓	↓
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████